



Practitioner's Docket No. 700157-48012

IFW
AF
1642
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: David E. Fisher

Application No.: 09/229,283

Group No.: 1642

Filed: 1/13/1999

Examiner: UNGAR, Susan

For: USE OF MICROPHTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR
TREATMENT OF MELANOMA

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Commissioner for Patents
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RESPONSE UNDER
37 C.F.R. 1.116**

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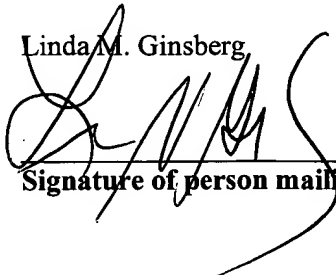
1. Certificate of Mailing (1 pg.);
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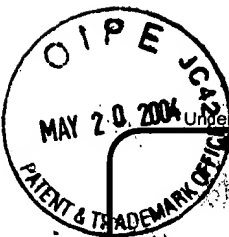
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/229,283
Filing Date	January 13, 1999
First Named Inventor	David E. Fisher
Art Unit	1642
Examiner Name	S. Ungar
Attorney Docket Number	700157-048012

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Affidavits/declaration(s) | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Certificate of Mailing, Check \$55.00, and Return Receipt Postcard. |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
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| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Ronald I. Eisenstein (Reg. No. 30,628) NIXON PEABODY LLP, 100 Summer Street, Boston, MA 02110
Signature	<i>Ronald I. Eisenstein</i>
Date	May 18, 2004

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Signature	<i>Linda M. Ginsberg</i>	Date	May 18, 2004

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